

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 08-cv-4049

GOYKE HEALTH CENTER, P.C., Individually and as the
representative of a Class similarly-situated persons,

v.

MIDWEST WASTE SERVICES, LLC

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:
GOYKE HEALTH CENTER, P.C., individually and on behalf of all others similarly situated

NAME (Type or print) Peter S. Lubin	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Peter S. Lubin	
FIRM DiTommaso-Lubin, P.C.	
STREET ADDRESS 17W 220 22nd Street, Suite 200	
CITY/STATE/ZIP Oakbrook Terrace, Illinois 60181	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6185789	TELEPHONE NUMBER 630-333-0000
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	